

PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

First Name: _____ Middle Initial: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ E-Mail: _____

Agency: Dept. of Veterans Affairs Social Security #: _____ - _____ - _____

Payment Method (check one): Annual; Semi-Annual; Quarterly; Payroll Deduction*

*** If you choose Payroll Deduction to pay Bi-Weekly, complete the Direct Deposit Sign-Up Form, and submit the Direct Deposit Sign-Up form to your payroll office.**

All other applications should include the first premium payment with the application.

<u>Coverage</u>	<u>Annual Payments</u>	<u>Semi-annual Payments</u>	<u>Quarterly Payments</u>	<u>Bi-Weekly Payments</u>
\$1,000,000	\$266.00	\$133.00	\$66.50	\$11.00

I hereby enroll under the AFE* Professional Liability Insurance Policy for which I am eligible. I also attest that, as of this date, I have no knowledge of any allegation, claim or suit, or any act, error or omission which might reasonably be expected to result in a claim or suit.

Signature: _____ Date: _____

**To enroll, please print this application, complete and mail with payment to:
Mass Benefits Consultants, Inc., P.O. Box 828, Annandale, VA 22003-0828**

*AFE – Association of Federal Employees is the sponsoring organization for the professional liability insurance. Participation is open to all federal employees.